operation must be modified, or such cases should be excluded entirely.

Care should be taken to make the puncture directly through the integument over the abdominal ring and not through the scrotal tissues, as inflammatory action may be much more readily set up in the latter by the fluid following the needle in its withdrawal; another objection to injection through the scrotal tissues is that when the hernial sac is of large size and adherent, the injection is more likely to be deposited within than without the canal; while this accident will do no harm, it will do no good, for the action of the irritant must be upon the canal and not to any extent upon the sac.—*N. Y. Med. Rec.*, Jan. 8, 1887.

GENITO-URINARY ORGANS.

I. Nephrotomy for Pyonephrosis. By FREDERICK LANGE, M.D., (New York). A woman, æt. 33, had had pain in the left lumbar region for years, had developed a leucorrhœa of gonorrhœal origin eight weeks previously, had had cystitis for several weeks and within the last fortnight severe pain had supervened in the left lumbar region where a tumor about the size of a new-born child's head could be felt, exploratory puncture of which revealed pus. Lumbar incision opened a large, pretty smooth cavity covered with a thin mucous membrane, at the bottom of which a roundish, fleshy eminence could be felt and seen, apparently the main portion of the kidney; this was fluctuating, and incision with the actual cautery discharged a moderate quantity of pus; the finger could feel the dilated calices in the cavity. The larger cavity was apparently not in free communication with this main part of the pelvis. Both cavities were thoroughly drained and weak solutions of boric acid used as a wash during the after treatment. Recovery was smooth and cicatrization complete in about eight weeks. From the history of the case it seems probable that hydronephrosis had existed for a long time and suppuration supervened in consequence of gonorrhœal infection.—*N. Y. Surgical Society.* Nov. 22, 1886.

II. Nephrectomy for Pyonephrosis. By FREDERICK LANGE, M.D., (New York). A man, æt. 38, had for two years increasing pain and discomfort in the right hypochondrium, and on bimanual palpation

a tumor about the size of the two fists could be felt immediately below the liver and behind the intestine; fluctuation could be obtained; exploratory puncture produced thick odorless pus, and pus was found in the urine. Lumbar incision exposed a pyonephritic sac which was incised with the thermo-cautery, giving issue to a great quantity of pus; digital examination showed that the whole swelling consisted of numerous pus cavities, mostly from one-half to two inches in diameter, that it extended pretty high up toward the diaphragm, and that as a secretory organ it could not have any value. In view of the advanced degeneration and the quantity and quality of the urine, the conclusion seemed justified that the opposite kidney must be comparatively healthy, while the pus must be mainly delivered from the right side, and nephrectomy was accordingly done, the adhesions of the capsule being quite extensive but not difficult to separate, and the kidney was brought out in spite of its size, which had been a good deal diminished by the evacuation of the pus, without adding any cross-incision, as had been necessary in former cases. It was difficult to secure the pedicle, which was short, thick and overlapped by the mass of the organ, but a preliminary elastic ligature was applied and the kidney cut away far in front of it, giving free access to the insertion of the ureter and the vessels; a double ligature was then applied behind the elastic ligature, the pedicle severed, iodoform sprinkled over the stump, the actual cautery applied, the ligature left long and no sutures applied because sloughing and suppuration were feared in view of the field of operation having been swamped by pus and some infiltrated tissue remaining in the pedicle. The pedicle did not slough and four weeks after the operation the ligatures were extracted with the exertion of some slight force, but no piece of tissue had ever been discharged, which could possibly have been the tied-off, thick, fleshy pedicle. He did not suppose the latter was continuing an organic life, but thought it probable that it was gradually digested by the environing healthy granulations in the same manner as the aseptic blood coagulum was gradually consumed or aseptic pieces of organic tissue were annihilated by healthy tissues. The urine became almost normal in thirty-six hours. Weak sublimate solutions were used mainly during after treatment and the

patient was discharged with a healthy granulating wound five weeks after the operation.—*N. Y. Surgical Society.* Nov. 22, 1886.

BONES, JOINTS, ORTHOPÆDIC.

I. Operative Intervention in Irreducible Traumatic Dislocations. This was the order of the day on the fourth day of the last French Congress of Surgery. M. MOLLIÈRE (Lyon) remarked that for the small articulations like those of the fingers, the question is simple; arthrotomy may be performed with certainty of obtaining a mobile articulation.

For the shoulder, subcutaneous section may be employed, a fine tenotome being introduced under the skin and passed all about the head; he had obtained 7 successes by this method. When the head is at the same time broken and dislocated, the best plan is to introduce the superior extremity of the lower fragment into the glenoid cavity. In certain cases of irreducible dislocation it is logical to fracture the humerus and he recommends it. The establishment of a pseudarthrosis should not be attempted, but the mere reduction of the inferior fragment into the glenoid cavity.

Of the elbow, every dislocation unaccompanied by articular deformity can be reduced; by applying the grip of the osteoclast considerable force can be exerted; by this means, he had been able to reduce a dislocation of a year's duration. When the triceps opposes mobility, the olecranon may be fractured without destroying the expansion of the triceps tendon. He absolutely rejects subcutaneous section. Arthrotomy and reduction may be done, but if there be osseous deformities, it is better to perform resection; partial resection is better, humeral resection is generally sufficient. In every case the olecranon should be preserved because of its effect on the function. He had seen patients who had used their arms at the end of a month. In young subjects it is preferable to resect a little of the periosteum. In all, immediate union should be sought for, in default of which, there is danger of the formation of inconvenient osteophites.

In case of backward dislocation of the foot, a cutting operation is